

APPLICATION FOR BUILDING INSURANCE

For use of this form, see AR 215-1; the proponent agency is OACSIM

1. **TO:**
ARMY CENTRAL INSURANCE FUND
U.S. ARMY COMMUNITY AND FAMILY SUPPORT CENTER
ATTN: CFSC-FM-I
4700 KING STREET (*Summit Centre*)
ALEXANDRIA, VA 22302-4406

2. **FROM:** (*Activity, installation, and address*)

PART A - ADMINISTRATIVE DATA

3. STANDARD NAF NUMBER

4. DATE OF REQUEST

5. REQUESTED EFFECTIVE DATE

6. TYPE OF FUND

7. DESCRIPTION OF ACTIVITY OR ACTIVITIES HOUSED IN THE BUILDING
(*Continue in remarks block, if necessary*)

8. BUILDING NO.

9. LOCATION

10. CURRENT REPLACEMENT VALUE

11. ACTUAL CASH VALUE

12. NO. OF LANES, IF BOWLING CENTER

PART B - CONSTRUCTION DATA

13. TYPE

☐ PERMANENT
☐ TEMPORARY

14. MATERIALS

☐ FRAME ☐ CONCRETE ☐ OTHER (*Specify*)
☐ QUONSET TYPE ☐ MASONRY _____

15. NO. OF FLOORS

16. TOTAL FLOOR SPACE (*SQ.ft.*)

17. YEAR BUILT

18. SPRINKLER SYSTEM INSTALLED

☐ YES ☐ NO

19. FIRE ALARM

☐ YES ☐ NO

20. FLUE & HOOD ALARM

☐ YES ☐ NO

21. SMOKE DETECTORS

☐ YES ☐ NO

22. AUTOMATIC EXTINGUISHER

☐ YES ☐ NO

23. DISTANCE TO NEAREST
FIRE HYDRANT (*In feet*)

24. DISTANCE TO NEAREST
FIRE STATION (*In miles*)

25. PERCENTAGE OF FLOOR
SPACE OCCUPIED BY THE
ACTIVITY IN BLOCK 2.

26. PERCENTAGE OF FLOOR
SPACE OCCUPIED BY
OTHER TENANTS

27. CONSTRUCTION FUNDS

☐ APPROPRIATED ☐ NONAPPROPRIATED ☐ UNKNOWN

28. VALUE OF BUILDING IMPROVEMENTS PAID
FROM NONAPPROPRIATED FUNDS

29. REMARKS

30. FUND MANAGER OR DESIGNEE (*Typed name, title, and telephone number*)

31. SIGNATURE